This booklet explains what radiotherapy is, when it’s given and its possible side effects. You may also find it helpful to read our Treating breast cancer booklet for an overview of breast cancer and its treatment.
This information is by Breast Cancer Care.

We are the only specialist UK-wide charity that supports people affected by breast cancer. We’ve been supporting them, their family and friends and campaigning on their behalf since 1973.

Today, we continue to offer reliable information and personal support, over the phone and online, from nurses and people who’ve been there. We also offer local support across the UK.

From the moment you notice something isn’t right, through to treatment and beyond, we’re here to help you feel more in control.

For breast cancer care, support and information, call us free on 0808 800 6000 or visit breastcancercare.org.uk
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This booklet is about radiotherapy for primary (early) breast cancer that has not spread beyond the breast or the lymph nodes (glands) under the arm.

What is radiotherapy?

Radiotherapy is a treatment for cancer that uses carefully measured and controlled high energy x-rays produced by specialist machines.

In primary breast cancer, radiotherapy aims to destroy any cancer cells that may be left in the breast and surrounding area after surgery. You may hear this called adjuvant (additional) therapy.

Radiotherapy has the greatest effect on cancer cells but also affects healthy tissue in the area being treated – however, this is generally able to recover and repair itself.

Which areas are treated?

When deciding which areas to treat and how, your specialist team will consider factors such as the location, grade, size and stage of your cancer. You can find out more about how decisions about your treatment are reached by reading our booklet Understanding your pathology report.

The breast

If you had a wide local excision or lumpectomy (breast-conserving surgery) for either a non-invasive or an invasive breast cancer you will usually have radiotherapy to the remaining breast tissue on that side.
The chest wall
If you had a mastectomy (complete removal of the breast tissue including the nipple area) for an invasive breast cancer, your specialist may recommend you have radiotherapy to the chest wall. This may be because:

- the cancer was near the chest wall or deep within the breast tissue
- there’s a high risk that cancer cells may have been left behind
- cancer cells are found in the lymph nodes (glands) under the arm (axilla).

Breast boost
Your specialist may recommend an extra boost of radiotherapy to an area where invasive breast cancer was removed.

Under the arm
Radiotherapy can also be given to the lymph nodes under the arm either instead of surgery or after a sentinel lymph node biopsy that showed cancer cells in the first (sentinel) nodes. Our Treating primary breast cancer booklet has more information on assessing the lymph nodes.

The neck and collarbone
Your specialist may also recommend radiotherapy to the lymph nodes on the lower part of your neck, around your collarbone (called the supraclavicular fossa or SCF nodes) on the side you have had your surgery. This will depend on the grade and size of your invasive cancer, and whether the lymph nodes under the arm contained cancer cells. Your specialist will discuss this with you.

The breast bone
Sometimes radiotherapy may also be given to the breast bone (sternum) to treat the lymph nodes in that area (known as internal mammary lymph nodes). If this is recommended, your specialist will explain why.
Radiotherapy and breast reconstruction

Many women consider having breast reconstruction after a mastectomy. This can be done at the same time as a mastectomy (immediate reconstruction) or at a later date (delayed reconstruction).

Radiotherapy can affect the elasticity and quality of the skin over the area that is treated. For this reason, radiotherapy treatment may affect the timing and type of reconstruction suitable for each person. See our Breast reconstruction booklet for more information.

The order and timing of radiotherapy will depend on your individual situation and any other treatment you are having.

How is radiotherapy given?

Radiotherapy is a specialised treatment and is not available in every hospital. However, each breast unit is linked to a hospital that has a radiotherapy department where you’ll be treated as an outpatient.

Radiotherapy is carried out by therapeutic radiographers (people trained to give radiotherapy). Most centres in the UK have male and female radiographers – if you would prefer to be treated by a female radiographer, talk to your oncologist, breast care nurse or therapeutic radiographer before or at your planning appointment (see page 12).

Radiotherapy for primary breast cancer can be given in several ways using different doses, depending on your treatment plan.

The total dose you receive is split into a course of smaller treatments (called fractions), usually given daily over a few weeks. The unit of dose is called a Gray or Gy for short. For example, a total of 40Gy may be given in 15 fractions over 15 working days (Monday to Friday).

For each area of the body treated there’s a maximum dose that can be given. This is based on evidence that has identified a safe and effective dose. Therefore, if breast cancer returns in the same breast, it’s not usually possible to treat the same area again with radiotherapy.
It may also not be possible to have radiotherapy if you have a medical condition that could make you particularly sensitive to its effects, or if you are pregnant.

**External beam radiotherapy**
External beam radiotherapy is the most common type of radiotherapy used to treat primary breast cancer. X-rays are delivered by a machine called a linear accelerator (linac) with the beam directed to the body through the skin.

**Intensity modulated radiotherapy (IMRT)**
Intensity modulated radiotherapy (IMRT) is another way of giving external beam radiotherapy.

With IMRT, the strength (intensity) of the radiation beam is varied (modulated), allowing different amounts of radiation to be given to different treatment areas. This means healthy cells are less exposed to radiation.

IMRT can be delivered by different types of machines – a standard radiotherapy machine (linac), a TomoTherapy machine with a built-in scanner, or a volumetric modulated arc radiotherapy machine (VMAT).

You can find out more about IMRT on the Cancer Research UK website.

The x-rays with external beam radiotherapy and IMRT do not make your body radioactive, so when you leave the treatment room you can safely mix with other people, including children.

**Respiratory gating (breath-hold technique)**
Respiratory gating involves taking a deep breath in and holding it for a brief time. It’s done both at the treatment planning appointment (see page 12) and at each external beam radiotherapy treatment appointment.

The purpose of respiratory gating is to help protect the heart from being affected by radiotherapy given to the left side. The heart is on the left side of the body, and using a breath-hold technique can help spare the healthy tissues underneath the breast, reducing the chances of long-term side effects such as heart disease.

Your need for gating will be assessed and simple coaching instructions will help you maintain a suitable breath hold. Not everyone having their
left side treated will need to use this method, and there are other ways to protect your heart that your specialist can talk to you about.

**Other ways of giving radiotherapy**

Advances in radiotherapy treatment for breast cancer are being made as a result of clinical trials, which look at different ways of giving treatment while minimising side effects. The following types of radiotherapy are less commonly used and are not widely available, but may be discussed with you.

**Brachytherapy**

Brachytherapy involves placing the radiation source inside the body in the area to be treated. It’s usually only given as part of a clinical trial. Narrow, hollow tubes or a small balloon are put in the body where the breast tissue has been removed. Then radioactive wires are inserted through the tubes or into the balloon. The radioactive wires may be left in place for a few days or inserted for a short time each day. Depending on the type of brachytherapy you have, you may need to have your treatment as an inpatient and be kept in a single room for a short time due to the radiation. If brachytherapy is an option your specialist will discuss it fully with you.

**Intraoperative radiotherapy**

Another method of giving internal radiotherapy is intraoperative radiotherapy. This is not yet widely available and isn’t suitable for everyone. Instead of using high energy x-rays directed from outside the body, this type of treatment uses low energy x-rays given from a machine in the operating theatre during breast-conserving surgery. Radiotherapy is given directly to the internal area where the cancer was, once it has been removed. Usually a single dose of radiation is given in one treatment, but it may be necessary to have a short course of external beam radiotherapy to the rest of the breast.

**When will radiotherapy start?**

Radiotherapy for primary breast cancer is given after surgery. If you’re having chemotherapy (treatment aimed at destroying cancer cells using anti-cancer drugs) after surgery, radiotherapy is usually given at the end of the chemotherapy.
Your specialist or breast care nurse will tell you when you can expect to start your radiotherapy.

There are national guidelines in England that recommend you shouldn’t have to wait more than 31 days between surgery or the end of chemotherapy and the start of radiotherapy. However, it’s common to wait a little longer than this. Radiotherapy can also be delayed for a medical reason, such as waiting for a surgical wound to heal. Elsewhere in the UK there are no guidelines for when radiotherapy should start following either surgery or chemotherapy.

You’ll first see the specialist in the outpatient department to talk about your treatment. Once the details of the treatment, its benefits, risks and potential side effects have been fully explained to you, you’ll be asked to sign a consent form. A further appointment is then made to plan your treatment. There may be some questions you want to ask your specialist team – we have included a list of suggestions at the end of this booklet.

When you have your first appointment with the specialist you may be invited to take part in a clinical trial. For more general information on clinical trials see our website, or go to cancerresearch.org.uk for listings of current UK trials.

**How long will my radiotherapy treatment last?**

Guidelines for England and Wales recommend that the radiotherapy treatment is given every day over five days a week (Monday to Friday), for three weeks. However, depending on local guidelines and your personal situation your radiotherapy treatment may be given in a slightly different way, for example a smaller daily dose over a longer period of time. You will still be getting effective treatment.

Where possible, your appointments will be arranged for a similar time each day so you can settle into a routine. It’s important that treatment continues as planned and that you don’t miss any appointments, as this can make the treatment less effective. If, for example, you have a holiday booked, tell your specialist or therapeutic radiographer before or at your planning appointment so that together you can decide what arrangements to make.
If you’re taking hormone therapy and having radiotherapy

In the past, there has been mixed evidence about whether it’s better to start hormone therapy at the same time as radiotherapy, or after radiotherapy. However, recent evidence has shown that the order of treatments doesn’t matter. Your specialist will consider a number of things when deciding when to start hormone therapy, including other treatments you may have had or be having, and any ongoing side effects.

Other drugs

It’s important to tell your specialist about any drugs you’re taking or considering taking. This includes vitamin and mineral supplements that are bought over the counter. The evidence isn’t clear about how safe it is to take vitamins, particularly high-dose antioxidants (including vitamins A, C and E, co-enzyme Q10 and selenium), during your radiotherapy.

Some studies suggest taking supplements might interfere with the action of the radiotherapy and make it less effective. Other studies have suggested they could help reduce the side effects of treatment without reducing its effectiveness.

Because of the uncertainty, many specialists recommend that people avoid taking high-dose antioxidant supplements during radiotherapy. For the same reasons, you should also talk to your specialist before taking any herbal remedies or supplements.

Treatment planning

Precise treatment planning helps keep side effects from radiotherapy to a minimum, while accurately targeting the treatment area. Particular care is taken to try to avoid unnecessary radiotherapy to the tissues of the heart and lungs, and to avoid treating the same areas more than once when different angles are used to deliver the radiotherapy.

Before your radiotherapy can begin, it’s important that your wound has healed or any large build-up of fluid (seroma) in the area has settled (you can find out more in our Your operation and recovery booklet). It may
be possible to plan your radiotherapy treatment earlier than this, but the start of treatment may be delayed until these issues have been resolved.

Treatment planning is necessary before your radiotherapy treatment to identify the exact area to be treated and the most effective dose of radiation.

A number of people will be involved in planning your treatment, including:

- your oncologist or a member of their team
- a therapeutic radiographer
- a radiation physicist (specialist in the measurement of radiation).

They will look at your individual situation carefully before a specific treatment plan is worked out.

Because your treatment is planned just for you, don’t be concerned if someone you know is having different treatment even if they had the same operation. Radiotherapy needs to be given in the most effective way for each person to cause the fewest possible side effects and provide the best chance of the cancer not coming back.

If you have a pacemaker or implantable cardioverter defibrillator (ICD), you must tell your specialist or therapeutic radiographer either before or during your first planning appointment. These devices can be affected by radiotherapy so treatment has to be planned to allow for them.

Treatment planning is usually done using a CT (computerised tomography) scanner. A CT scanner takes x-ray images to produce a detailed 3D model of you. This means your team can plan the exact area to be treated while limiting the amount of radiation to surrounding tissues. This scan is only for planning your treatment, not for any other assessments.

Depending on the type of equipment used, the planning session will take between 15 minutes to an hour. You’ll need to lie very still while your arm on the side being treated is positioned above your head and supported in an arm rest (see page 15). In some units you may be asked to raise both arms above your head, even though you’ll only be having treatment to the side where the cancer was.

It’s important that you’ve regained your arm movement after surgery and can comfortably raise your arm(s) above your head before you start, so treatment can be given to the whole breast or chest area. After surgery
it can be difficult or painful to lift your arm above your head and keep it there. If this is the case, talk to your breast care nurse or ask to see the physiotherapist, who'll be able to advise you about arm exercises to improve the movement in your arm. You could also try taking some pain relief before the appointment so that you feel more comfortable holding the position.

Our **Exercises after breast cancer surgery** leaflet demonstrates arm and shoulder exercises to help regain arm and shoulder movement after surgery for breast cancer.

When the exact area of treatment has been decided, it’s important to have a record of the area to help position you precisely for each treatment. To do this, permanent ink markings (tattoos) are made on your skin to show where this is. It’s usually done by making very tiny permanent skin dots (usually three) using a pinprick of ink. If this is a concern for you, ask your therapeutic radiographer if any other options are available.

Some women prefer to have their radiotherapy tattoos removed after finishing their treatment. You will need to check with your specialist as tattoo removal is not routinely available on the NHS and the results can vary.

Once the planning and marking up is complete, your radiographer will arrange with you when to come for your first treatment.

**What happens during treatment**

When you go for treatment you’ll be asked to undress above the waist and you will be given a gown to wear. It can be helpful to wear a top that’s easy to take off and put on.

You’ll be asked to lie down on the treatment couch with your arm(s) above your head. If you’re wearing a gown, the therapeutic radiographer will adjust it to expose the area to be treated. They’ll help position you carefully, so that each time you have treatment you’re in exactly the same position you were during the treatment planning.
You'll be asked to stay very still during treatment, but you can breathe normally. If you’re having respiratory gating (see page 9), your therapeutic radiographer will tell you how and when to hold your breath.

Treatment to the breast or chest wall is usually directed from different angles. The radiographer responsible for your treatment will reposition the machine for each angle. The machine may come quite close to you and even touch you. However, you won’t feel any sensation while the treatment is being given, although you may feel a little uncomfortable staying in the treatment position.

The treatment takes only a few minutes. Linear accelerators (linac) make a buzzing noise while in operation. Although you’ll be left alone in the room, the radiographers will watch through a window or on a television screen. Most radiotherapy departments also have an intercom system so that you and the radiographers can talk to each other.

If you’re going to have a boost, it will usually be given at the end of treatment, usually as five to eight extra sessions on a different type of machine.

If you’re having IMRT (see page 9), the boost can be given by planning the radiotherapy to deliver a higher dose to this area when the breast is being treated.
The radiographers treating you will check how you are before each treatment. They can also answer your questions, give you advice on any side effects you may have and arrange an appointment with your specialist or breast care nurse if necessary. Alternatively, appointments to see one of your specialist team may be arranged during treatment so you can ask questions and discuss any concerns.

**Getting to and from appointments**

Most people feel able to drive themselves to and from their regular radiotherapy appointments. Whether you drive or use public transport, travelling to your treatment several times a week can be expensive, but help may be available.

If you come by car, you may be able to have a special hospital pass which means you won’t have to pay car parking fees while having your radiotherapy. If you claim benefits or are on a low income, you may be entitled to help with petrol costs or bus or train fares. Alternatively, there may be community transport services in your area or organisations with volunteer drivers who give people lifts to and from hospital.

Macmillan Cancer Support (macmillan.org.uk) produces a booklet called Help with the cost of cancer, which outlines what you may be entitled to. The NHS leaflet Help with health costs (HC11) may also be useful. You can find it on the NHS Choices website nhs.uk or ask for a copy at the hospital.

If you think going to appointments will be difficult because of the cost or other travel issues, talk to your radiographer or breast care nurse to find out what help might be available. If you have a local cancer information centre, they may be able to tell you if any financial help or voluntary community transport is available in your area.

**What side effects might I have?**

Radiotherapy causes side effects because it affects healthy tissue as well as cancer cells. Healthy tissue is better able to recover than cancer cells, but may be damaged by the radiation in the short or long term. Although most side effects are temporary, some may be permanent and some may appear months or even years after treatment finishes.

Everybody reacts differently to radiotherapy and as it progresses you’ll have a better idea of how it’s affecting you. However, certain side effects are more common than others.
Immediate side effects
Immediate side effects may also be called early or acute side effects. They occur during treatment and up to six months after treatment has finished.

Skin reactions
Everyone who has external beam radiotherapy is at risk of skin damage during or after treatment.

The extent of the skin reaction will depend on a number of factors, including:

- the dose of radiotherapy given
- the duration of treatment
- where on the body it is given – for example the skin folds of the breast, or the armpit
- your skin type
- any existing skin conditions you may have (such as eczema)
- your age
- if you’re overweight
- if you smoke
- if you’re having chemotherapy at the same time.

Skin reactions usually start around 10 to 14 days after starting treatment, but can happen later in treatment or after it has finished. Most people will have some redness around the area being treated. You may also notice the following changes.

- The skin may become pinker or darker over time.
- The skin may feel tender, dry, itchy and sore.
- The skin may peel or flake as treatment goes on.
- Sometimes the skin can become red or sore, and may blister or become moist and weepy.

Your treatment team will monitor any side effects and advise you how to take care of your skin according to the type of reaction you have.
Caring for your skin during radiotherapy

It’s important to look after your skin during treatment. This will help prevent infection, reduce pain and help keep the area being treated comfortable.

You will usually be given specific skincare instructions by your radiotherapy team. The following is a guide of what most radiotherapy centres advise.

- Wash the treated area gently with warm water, using a mild and gentle soap. Pat the skin dry with a soft towel.
- Have a shower rather than a bath.
- Use a non-perfumed deodorant.
- Use a mild and gentle moisturiser to keep the skin soft.
- If you want to use anything else on the skin in the treatment area, discuss this with your therapeutic radiographer first.
- Avoid exposing the treated area to extremes of temperature such as hot water bottles, heat pads, saunas or ice packs during treatment.
- Avoid exposing the treated area to sun while having radiotherapy and afterwards until any skin reaction has settled down. Use a sunscreen with a high sun protection factor (SPF). Apply the cream under clothes too as it’s possible to get sunburnt through clothing.
- You may want to avoid swimming during treatment and shortly afterwards (until any skin reactions have healed), as a wet swimsuit can rub the skin and cause discomfort. Also the chemicals in a swimming pool can make the skin dry and irritated. Talk to your specialist or therapeutic radiographer if you normally swim regularly and want to continue.
- Because friction or rubbing can cause or worsen skin reactions, wearing a soft cotton bra or vest may be more comfortable. You’re usually advised not to wear an underwired bra until your skin heals. Alternatively, you may prefer to go without a bra. If you’ve had your breast removed (a mastectomy) and have been wearing a silicone prosthesis, you may find it more comfortable to wear the soft, lightweight prosthesis (softie or cumfie) you used straight after surgery. You can find more about this in our booklet Breast prostheses, bras and clothes after surgery.

If you develop a skin reaction, it should heal within three to four weeks of your last treatment.
Swelling (oedema) of the breast
During treatment your breast or chest area may appear swollen and feel uncomfortable. This usually settles within a few weeks after treatment. If it continues after this time, talk to your specialist or breast care nurse as you may need to be seen and assessed by a lymphoedema specialist (see page 20 for more information).

Pain in the breast or chest area
Now and then you may have aches, twinges or sharp pains in the breast or chest area. Although these are usually mild, they can continue for months or even years, but they usually become milder and less frequent over time.

You may also experience stiffness and discomfort around the shoulder and breast/chest area during and after treatment. Continuing to do arm and shoulder exercises during your radiotherapy and for several months afterwards may help minimise or prevent any stiffness or discomfort. See our Exercises after breast cancer surgery leaflet for arm and shoulder exercises that can help with stiffness or discomfort.

You can find more tips on managing pain after treatment in our Moving Forward resource pack.

Hair loss in the armpit or chest area
Radiotherapy to the armpit will make the underarm hair fall out on that side. Men also experience hair loss in the area of the chest that’s being treated. Hair usually starts to fall out two to three weeks after treatment has started and it may take several months to grow back. For some people, hair lost from radiotherapy may not grow back at all.

Sore throat
If you have treatment to the area around your collarbone, you may develop a sore throat or discomfort when swallowing, during or after your treatment. If this happens, talk to your radiographer, specialist or breast care nurse. It may help to take some simple pain relief in liquid form, particularly before eating, until the discomfort improves.

Tiredness and fatigue
Generally, radiotherapy to the breast doesn’t make people feel unwell, but you may feel very tired during or after your treatment.
Travelling to and from hospital can be tiring in itself. However, many people find they can still manage their daily tasks as usual and some continue to go to work throughout their treatment.

Fatigue is extreme tiredness and exhaustion that doesn’t go away with rest or sleep and may affect you physically and emotionally. This is a very common side effect of cancer treatment. It may start or become worse after radiotherapy has finished. If you have also had chemotherapy as part of your treatment you may already be experiencing fatigue by the time you start radiotherapy.

Everyone’s experience of fatigue is different. It’s important to know what your limits are and not to expect too much of yourself. You may find the following tips helpful.

- Tell your specialist or breast care nurse how you feel. Your fatigue may have a treatable cause (for example iron supplements can be prescribed for anaemia).
- Consider using a fatigue diary. This can identify the triggers of fatigue and show changes in energy levels, helping you plan your day to get the most out of times when you have more energy.
- There’s strong evidence that exercise reduces fatigue. Aim to do short amounts of activity or light exercise, such as walking, each day.
- Get plenty of rest between your daily activities but try to limit naps to less than an hour so that you sleep at night.
- Use relaxation techniques to relieve tension and regain energy. There are many good relaxation apps and CDs that can guide you through different techniques.
- Drink plenty of fluids. Being dehydrated can make you tired.
- Make the most of the times when your appetite is good, choosing healthy high-calorie foods for energy.
- Accept offers of practical help from others where possible.
- Think about counselling or joining a support group. There’s some evidence that emotional support may help improve fatigue.

**Lymphoedema**

Lymphoedema is swelling of the arm, hand or breast/chest area caused by a build-up of lymph fluid in the surface tissues of the body. It can occur as a result of damage to the lymphatic system, for example because of surgery and/or radiotherapy to the lymph nodes under the arm (axilla) and surrounding area.
Lymphoedema is a long-term condition, which means that once it has developed it can be controlled but is unlikely to ever go away completely. If the arm, hand or breast/chest area on the side where the radiotherapy or surgery were carried out swells or feels uncomfortable and heavy, contact your breast care nurse or GP.

For more information see our Reducing the risk of lymphoedema booklet. If you develop lymphoedema you may find it useful to read our Living with lymphoedema after breast cancer booklet.

Change in breast shape, size and colour
If you’ve had radiotherapy after breast-conserving surgery (wide local excision or lumpectomy), the breast tissue on the treated side may feel firmer, or the breast may be smaller and look different to before. This is due to the shape of the breast and the difficulty of getting an even dose of radiotherapy over the whole area being treated. Although this is normal, you may be concerned about differences in the size of your breasts, or if the difference is noticeable when you’re dressed. Your new shape may be difficult to adjust to. You can discuss this with your breast surgeon to see if there is anything that can be done to make the difference less noticeable. You can also talk to your breast care nurse or call our Helpline on 0808 800 6000 to discuss how you feel about your new shape.

Late side effects
Some side effects can develop months or even years after the end of radiotherapy. However, improvements with the equipment and accuracy in marking the exact areas to be treated have made many of these side effects much less common.

Serious side effects are very rare and experts agree that the benefits of the treatment in reducing the chances of breast cancer returning outweigh the risk of possible side effects.

Radiotherapy to the breast and/or under the arm can cause hardening of the tissue. This is known as fibrosis and is caused by a build-up of scar tissue. If the fibrosis becomes severe, the breast can become noticeably smaller as well as firmer. This is rare but may happen several months or years after radiotherapy has finished.

Under the skin you may also see tiny broken blood vessels, known as telangiectasia. This is permanent and there’s no treatment for it.
Tenderness can occur over the ribs during treatment. In some people, this discomfort may continue but usually improves gradually over time.

Sometimes after treatment to the breast/chest wall area, part of the lung behind the treatment area can become inflamed, causing a dry cough or shortness of breath. This usually heals by itself over time. More rarely, fibrosis of the upper lung can occur, causing similar side effects.

Although particular care is taken to avoid unnecessary radiotherapy to the tissues of the heart, if radiotherapy is given on the left side you may be at risk of heart problems in future.

Other side effects that can occur later include:

- weakening of the bones in the treated area, which can lead to rib and collarbone fractures
- damage to the nerves in the arm on the treated side, which may cause tingling, numbness, pain, weakness and possibly some loss of movement.

If you’re concerned about any of these late side effects, speak to someone in your specialist team.

**Coping during treatment**

Being told you need radiotherapy can cause a range of emotions. Many people feel positive and secure knowing that everything possible is being done to treat their breast cancer. Some people feel upset, frightened or have difficulty adjusting to what’s happening to them and may be worried about their planned treatment. Fear of the unknown is common, so finding out as much as possible about your radiotherapy may help you cope better.

Many centres have times when you can visit the radiotherapy department beforehand so you know what to expect. You can ask your breast care nurse about arranging a visit.

If you’re feeling low, tired or anxious at any point during or after your treatment, remember there are people who can help you. Tell your specialist or breast care nurse how you’re feeling so that they can offer help and support, and let family and friends know too.

You can also call us free on **0808 800 6000** to talk to our expert team.
After treatment finishes

Once you’ve finished treatment it may take some time to get back to your everyday routine. Try not to expect too much of yourself in the early days and weeks after your treatment and give yourself time to heal and regain your strength. You may continue to feel tired for some time, but gradually you’ll start to feel better. For some people, this may take several months and sometimes longer.

For many people, radiotherapy is the last hospital-based treatment and the end goal they focus on, and getting there can feel like real progress. But some people also feel isolated, low and fearful, especially when their regular hospital appointments stop.

Our Moving Forward resource pack is for anyone living with and beyond breast cancer, helping you approach life after treatment with more confidence. It contains information on a wide range of topics that may be relevant to you, from ongoing side effects of treatment to worries about the cancer coming back or going back to work.

You may find it helpful to share your feelings with someone who has had a similar experience to you. You can do this at a local breast cancer support group, online on the Breast Cancer Care Forum or through our Someone Like Me service. Visit breastcancercare.org.uk or call 0808 800 6000 to find out more.

You may also like to read our booklet Breast cancer and you: coping with diagnosis, treatment and the future, which looks at the experiences of a range of people with breast cancer.
Questions you may want to ask your specialist team

- Why are you recommending radiotherapy for me?
- What are the benefits and risks?
- What are the side effects?
- Are there any other treatments I could have?
- Which area(s) will be treated?
- How long will the radiotherapy take and how often will each treatment be given?
- How long will I have to wait before starting treatment?
- Will having radiotherapy affect my reconstructed breast or my options for breast reconstruction in the future?
- What is my risk of lymphoedema (swelling of the arm, hand or breast/chest area)?
- Are there any clinical trials for radiotherapy I could take part in?
4 ways to get support

We hope this information was helpful, but if you have questions, want to talk to someone who knows what it’s like or want to read more about breast cancer, here’s how you can.

Speak to trained experts, nurses or someone who’s had breast cancer and been in your shoes. Call free on 0808 800 6000 (Monday to Friday 9am–5pm, Wednesdays til 7pm and Saturday 9am–1pm).

Chat to other women who understand what you’re going through in our friendly community, for support day and night. Look around, share, ask a question or support others at forum.breastcancercare.org.uk

Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at breastcancercare.org.uk

See what support we have in your local area. We’ll give you the chance to find out more about treatments and side effects as well as meet other people like you. Visit breastcancercare.org.uk/in-your-area
We’re here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

We want to be there for every person facing the emotional and physical trauma of a breast cancer diagnosis. Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

**Donate by post**
Please accept my donation of £10/£20/my own choice of £

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About this booklet

**Radiotherapy for primary breast cancer** was written by Breast Cancer Care’s clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.

For a full list of the sources we used to research it:

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When you have breast cancer, everything changes. At Breast Cancer Care, we understand the emotions, challenges and decisions you face every day, and we know that everyone’s experience is different.

For breast cancer care, support and information, call us free on 0808 800 6000 or visit breastcancercare.org.uk

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